## MULTIPLE DE IDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO. FILING DATE

D 520933

APPLICANT(S)

**CLAIMS** 

	AS	FILED	AFTER		AFTER	
	IND.	DEP.	IND.	DEP.		NDMENT
1	17			DEF.	IND.	DEP.
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5				/		
6	<del>-</del>	(1)		7		
7	<del> </del>	92				
8		(A)				
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11	<del>                                     </del>	<del>  } </del>	/-			
12	<del> </del>	<del>  } </del>	<del>/-</del> -			
13	<del>                                     </del>	75	<del>-/-</del> -			
14		74	/			
15		(4)	/	<del>/</del>		
16		<u>7</u>		<del>-/ </del>		
17		~		<del>/- </del>		
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28	<del></del>	<del>(1)</del>		/-		
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OTAL IND.		4		4		1
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TOTAL	<u> </u>					

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51       52         53       54         55       56         57       58         59       60         61       62         63       64         65       66         67       68         69       70         71       72         73       74         75       76         77       78         79       80         81       82         83       84         85       86	
53         54         55         56         57         58         59         60         61         62         63         64         65         66         67         68         69         70         71         72         73         74         75         76         77         78         79         80         81         82         83         84         85         86	
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TOTAL IND.	4
TOTAL DEP	<u>+</u>
TOTAL CLAIMS	

PTO - 1360 (REV. 11/04)

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